

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly



## Bulletin

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GUY P. JONES  
EDITOR

## Tuberculosis in California

(Continued from last issue)

During the fiscal year July 1, 1894, to June 30, 1895, 1790 deaths from "phthisis pulmonalis" were registered and 265 deaths from tubercular meningitis. During the next fiscal year, July 1, 1895, to June 30, 1896, there were 1534 deaths from "phthisis pulmonalis" and 305 deaths from tubercular meningitis.

In 1896, the State Board of Health engaged in its first piece of public health education as related to the prevention of tuberculosis. The board issued a circular entitled "Consumption (pulmonary tuberculosis) Its Registration and Prevention." This circular provided specific advice in simple form and discussed the cause of the disease, its prevention, and outlined precautions that should be taken to avoid contracting it.

At the fourth annual State Sanitary Convention, held under the auspices of the State Board of Health at Los Angeles, April 20, 1896, Dr. A. E. Osborne, Superintendent of the California Home for the Care and Training of Feeble-Minded Children at Eldridge, presented a paper entitled "Facilities for the Treatment of Contagious and Infectious Diseases in the Public Institutions of California." This paper had been prepared because the State Board of Health, in making inspections of State institutions, had found that 35 children suffering from tuberculosis were confined in the Glen Ellen Home for the Feeble-Minded, among a total of 400 inmates. Dr. Osborne's paper developed the fact that no special facilities were provided in any State institutions, hospitals or prisons

for segregating and providing special service to any patient suffering from infectious diseases. This paper revealed the fact that 58 per cent of deaths in San Quentin in 1893 were due to pulmonary consumption and in 1894 38 per cent of prison deaths were due to this disease. In 1895, the percentage of such deaths was 47.82. The author of the paper advocated the provision of buildings on the colony plan, inexpensive cottages, to be used in the care of tuberculous inmates of State institutions.

Data relative to tuberculosis deaths in California during the years 1896-1898 are lacking, but during the fiscal year July, 1899, to June, 1900, there were 1941 registered deaths from tuberculosis in California.

In 1899, Dr. D. D. Crowley of Oakland, a member of the State Board of Health, introduced the following resolution at a regular meeting of the board:

*Resolved:* That the State Board of Health consider the propriety of quarantining against human beings and domestic animals with tuberculosis entering our State.

Dr. Crowley stated that he believed proportionately more people were dying from tuberculosis in California than in any other State. He suggested that migration of the tuberculous be stopped. He said: "It is supposed to be a Christian principle to save life, but when we do so at the expense of many others we are killing the many to save the few. Many consumptives enter our State promiscuously, spreading the germ of



their own disease, and the climate may save one in fifty, or prolong the lives of a few for a month or a year." He stated further: "We quarantine other diseases because they kill so quickly and our people appreciate them, but the lingering tubercular disease that eventually kills twice as many as all these together is permitted to continue unchecked, notwithstanding the efforts of science." He urged that city councils and board of supervisors enact ordinances which would provide stricter control over tuberculosis in local communities. He closed his discussion with the question: "Now I ask you: Shall we enforce a quarantine and will the State support us in the act?" It is apparent that no action along these lines was taken.

#### 1900-1909

This article, so far, has sketched the historical background of tuberculosis in California. Statistical data, as presented, are meager and give only a fleeting glimpse of the seriousness of the tuberculosis problem within the State. It has been established that the migration of the tuberculous to California began at an early date and that as early as 1870 it had assumed rather extensive proportions. Up to the beginning of the new century many plans for State tuberculosis sanatoria had been broached but no direct action leading to the establishment of such institutions followed. The communicability of the disease was now recognized and in some portions of the State an hysterical attitude toward tuberculosis and the individuals suffering from it had developed.

The history of modern control of this disease in California begins with the organization of the Anti-Tuberculosis League in May of 1902. This was consummated by Dr. F. M. Pottenger at a meeting of the Southern California Medical Society. Dr. Pottenger was the first president of this league and Dr. Charles C. Browning was one of the vice presidents. Both of these men were active practitioners of medicine, specializing in the treatment of tuberculosis, and at this writing both of them are still active in these special lines of work. The organization of this anti-tuberculosis league is of importance. It came before the organization of the National Society for the Study and Prevention of Tuberculosis. Later its name was changed to the Southern California Association for the Study and Prevention of Tuberculosis and still later its nomenclature was changed to conform to the change in the name of the national association. Its field of work gradually developed so as to cover all of southern California. Afterward it developed into the State Tuberculosis Association, which is unquestionably the most important unofficial public health organization in the State. From its beginning this

organization has sponsored educational work and it has been and still is a great motive force in the development of measures for the control of tuberculosis.

Another very important development in tuberculosis control came in April of 1903, when, following the election of Dr. George C. Pardee as Governor, Dr. N. K. Foster of Oakland became secretary of the State Board of Health. In spite of the fact that this board, all of whom took office at this time, was deeply involved in many complex problems relating to the control of plague in California, tuberculosis control received a due measure of attention. Dr. Foster in his first report stated: "The subject of tuberculosis is one of ever increasing interest and concern to the people and taxpayers of California." He stated the facts relative to the migration of the tuberculous to this State and advised: "These we can not deny admission, but they increase our death rate and are a direct menace as they are so many more sources of infection; besides, many of them being without means sooner or later become public charges. These facts make it more than a sanitary or humanitarian question. It has got to be faced as a financial and social one and comes eminently in the domain of the statesman." By this time, the old idea that consumption was hereditary had passed away and it was known generally that tuberculosis is an infectious disease and that each case is contracted from another case. Dr. Foster reported that in many parts of the country sanatoria were being established with glowing reports of success. He said that it was too early to judge fully of their success in California, as compared with what can be done outside of the sanatoria. "It is simply impossible to build sanatoria for all our consumptives; hence, we should make our whole State as nearly sanitary as possible." He urged the enactment of stringent laws, both State and municipal, which would prohibit practices which might favor the spread of the disease. He said: "Important as are all these things, consumption can not be stamped out, nor very materially lessened, until the people find out that their home life has more to do with it than their public life." He urged that the State Board of Health be provided with means to furnish literature for general distribution in order that the people might know how to prevent this disastrous disease. He said that the eradication of consumption is more a matter of education than anything else, that the people must know the dangers in order to avoid them and that the disease can be cured if taken early.

During the years July, 1900, to June, 1904, 15 per cent of all deaths registered in the State were deaths from tuberculosis. The numbers of such deaths by years are as follows:



1900-1901-----	1,489
1901-1902-----	1,724
1902-1903-----	1,953
1903-1904-----	2,345

In 1905 the Vital Statistics Registration Act went into effect and for the first time in the history of the State a marked degree of accuracy was injected into vital statistics records. The first report of the State registrar covering the last half of 1905 and the first half of 1906 revealed the fact that 4183 deaths from tuberculosis had occurred during that year—15.5 per cent of the total. Of these, 1567 occurred in southern California, representing 21.7 per cent of the total deaths that occurred in that part of the State. The tuberculosis death rate per 100,000 population for Los Angeles during that year was 201.4, as compared with a rate of 134.0 for the State. A further analysis of the tuberculosis deaths during that year revealed the fact that of the 1567 tuberculosis deaths in southern California, 436 were in individuals who had lived in the State for less than one year, while for the rest of the State there were but 121 tuberculosis deaths among individuals who lived in the State for less than one year. The acute tuberculosis problem in southern California thus became revealed in all of its intensity through the first publication of reliable mortality statistics covering the disease. Dr. Foster said, concerning this:

"More deadly than any other disease, tuberculosis usually leads the list of causes of death, one in every seven deaths resulting from it. As this is a preventable disease, such a death rate is not flattering to the State and calls for active work on the part of all classes of society and branches of government. The death of over 4000 per year from one disease—and that a preventable one—should alarm everyone. The fact that one in every seven of us is doomed to die of this disease does not, however, seem to cause concern except among the very few who interest themselves in the welfare of the human race. The old feeling that tuberculosis is unavoidable has not fully passed away and its slow invasion makes it seem less dreadful. The high death rate in California is not normal to the State but is the result of so many coming here from other States, seeking the advantages of our climate, but seeking it too late and dying during the first few weeks of their residence here. Very much can be done by education and therefore such means of enlightening our people on the contagiousness of this disease should be pushed to its utmost, but it avails little to teach parents that good food, rest and country air will restore their child to health when means of the family will provide only a miserable living in a more miserable tenement. The State has a duty here in passing laws that shall require tenements to be built so that all rooms will receive air and sunshine and that workshops and factories shall be kept in a sanitary condition and each city and county should provide sanatoria for those who can not be properly treated at home."

The wisdom and discerning judgment of Dr. Foster is well shown in this conservative statement, which stands the test of time.

In the spring of 1905, the California Public Health Association, composed of health officers of the State,

was organized, and during the years which followed immediately this organization was most active. It played an important part in the development of local ordinances for the control of tuberculosis. Meanwhile, the State Board of Health in 1905 urged the reporting of cases of tuberculosis, stating that without the information little could be done to prevent the spread of the disease. In the same year, the committee on tuberculosis of the Medical Society of Southern California, composed of Doctors F. M. Pottenger, Jno. C. King, George L. Cole, Edward Von Adelung and George H. Evans, urged the statewide notification of tuberculosis. The report of this committee follows:

"The committee on tuberculosis of the Medical Society of the State of California believes the following represents the most advanced thought upon the subject of notification in pulmonary tuberculosis:

First—Tuberculosis is a disease communicated from one individual to another because of the violation of simple rules of hygiene and sanitation, through either ignorance or wilfulness, usually the former.

Second—In order to wage an effective warfare against this disease, the individual suffering from tuberculosis must know that he has the disease, must be instructed as to its nature and as to what measures are necessary to prevent its spread, and must carry them out with care. After removal or death, the apartments previously occupied must be thoroughly cleansed and disinfected.

Third—The supervision of such measures rightfully belongs to the Department of Health, and in order for this department to have such supervision, it must be able to locate those suffering from the disease, which can only come about by requiring all cases to be reported.

Fourth—The notification of tuberculosis should be especially safeguarded so as not to work unnecessary hardship upon those who are afflicted. Consequently the books containing the record of the names of those suffering from the disease should be open to the inspection of none but the health authorities. This protects not only the patient, but the physician as well, and removes the usual objection urged by physicians against notification. The purpose of notification is not for quarantine, nor for placarding the house occupied, but simply to insure that proper instructions are given and proper precautions taken.

Fifth—Special instructions should be printed by the health board. These should be furnished to physicians, who should give them to all patients suffering from tuberculosis. When the physician notifies the department, he should signify whether he will instruct the patient and friends himself as to the methods of preventing the disease, or whether he wishes the department to do this. In this way there would be no meddling with private patients, unless at the physician's request, and consequently there would be no clash between physician and health board. When physicians learn that notification can be carried out without interfering with the liberty of their patients, they feel friendly to the plan. When the public learns it is done for their protection, and that it entails no hardship, they, too, will take readily to it.

Notification is in harmony with the advanced thought on the prevention of tuberculosis, and will be adopted generally sooner or later, the time depending upon the importance given the subject in the various localities.

F. M. POTTENGER,  
JNO. C. KING,  
GEORGE L. COLE,  
EDWARD VON ADELUNG,  
GEORGE H. EVANS."

(Continued in next issue)



**MOSQUITO ABATEMENT OFFICIALS TO MEET**

The fourth annual conference of mosquito abatement officials in California will be held Tuesday, December 12, 1933, in Agriculture Hall, University of California, Berkeley. The morning session will be devoted to the following papers:

1. "Life History, Habits and Control of the Tree Hole Mosquito."—Homer J. Lowe.  
New experimental evidence regarding this vicious little pest.
2. "Experimental Work on Mosquito Transmission of Horse Encephalomyelitis and Human Encephalitis."—W. B. Herms.
3. "Light Traps for the Destruction of Insects."—J. J. Ellsworth.  
Including a demonstration of traps being used commercially today.

The afternoon papers will be devoted to a symposium on Federal, State and county relief funds for mosquito abatement projects, and another symposium on special problems of individual districts.

A large attendance of trustees, superintendents and employees of mosquito abatement districts is expected. Officers and employees—municipal, county, State and Federal—as well as individuals who are interested in mosquito abatement work, are invited to attend.

When we consider what a wonderfully complex mechanism the human body is, should we wonder that some of its intricate parts or systems now and then go wrong?—F. M. Pottenger.

**MORBIDITY\*****Diphtheria**

50 cases of diphtheria have been reported, as follows: Fresno County 1, Fresno 1, Bakersfield 1, Los Angeles County 3, Los Angeles 25, Pasadena 1, Pomona 2, Santa Monica 1, Merced County 3, Monterey County 1, Riverside 2, Ontario 1, San Diego 3, San Francisco 5.

**Chickenpox**

198 cases of chickenpox have been reported. Those communities reporting ten or more cases are as follows: Berkeley 10, Oakland 28, Los Angeles County 14, Los Angeles 20, Sacramento 11, San Francisco 46, San Joaquin County 11.

\* From reports received on October 30th and 31st for week ending October 28th.

**Measles**

193 cases of measles have been reported. Those communities reporting ten or more cases are as follows: Oakland 25, San Diego 142.

**Scarlet Fever**

171 cases of scarlet fever have been reported. Those communities reporting ten or more cases are as follows: Los Angeles County 29, Los Angeles 35, San Francisco 10.

**Whooping Cough**

219 cases of whooping cough have been reported. Those communities reporting ten or more cases are as follows: Alameda County 20, Oakland 23, Los Angeles 64, San Francisco 20.

**Smallpox**

10 cases of smallpox have been reported, as follows: Kings County 1, Los Angeles County 1, Los Angeles 8.

**Typhoid Fever**

13 cases of typhoid fever have been reported, as follows: Fresno County 2, Imperial County 1, Inyo County 1, Kings County 1, Los Angeles 1, Ontario 1, San Diego 1, Santa Barbara County 2, Sonoma County 2, California 1.\*\*

**Meningitis (Epidemic)**

2 cases of epidemic meningitis have been reported, as follows: Los Angeles, 1 Fullerton 1.

**Poliomyelitis**

5 cases of poliomyelitis have been reported, as follows: Pasadena 1, San Bernardino County 1, San Luis Obispo County 1, San Luis Obispo 1, Ventura County 1.

**Undulant Fever**

2 cases of undulant fever have been reported, as follows: Colusa 1, Riverside County 1.

**Coccidioidal Granuloma**

One case of coccidioidal granuloma from Kern County has been reported.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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